

PROGRAM REGISTRATION FORM

44345 W Martin Luther King Jr. Blvd., Maricopa, AZ 85138

P: (520) 316-4600 | www.coppersky.maricopa-az.gov

A Multigenerational Recreation Center (the "Facility") Operated by the City of Maricopa, Arizona (the "City")

Adult/Participant Guardian	Contact:								
Address:	(City)	(Zip Code)							
	(Street Address)				Work	Work			
E-mail:									
						Resident □ Non-Ro Account □ Informa	esident		
NAME Einst	SEX (circle)	AGE	DOB	CLASS	STITLE	START DATE	DAY(S) OF		
First Last	(circle) M / F						CLASS		
	M/F								
	M/F								
	M/F								
	M/F M/F								
·	(Street Address) (City) (Zip Code) Cell Work Emergency Contact DOB:								
Payment Method: □ Cash □ Check # □ Visa □ MasterCard □ Discover □ AMEX Program Fee: Receipt Number: **Please note there is a convenience fee for all online transactions. The fee is a percentage of your total transaction amount. This fee is non-refundable**									
Registration Form Agree To the extent allowed by law, I hall liability which may arise as thand in the event that the above doing so absolve the City of Marif I have registered for a class in abilities and/or medical conditions demands resulting from their use	nereby abso he result of participant(ricopa, its en volving phy on. I releas	my/our par s) is a mino mployees, a sical activit e use of my	ticipation in act or, I hereby give gents, independ y, I have taken o /our photos tak	civities I or ar my permission lent contractor care to enroll	y member of on for his or ors, and offic at a class lev	f my family attends or her participation as in ers from such liability el appropriate to my/	registers into; idicated and in . I am aware that our physical		
A signature is required by each	adult registe	ering on thi	s form. One pa	rticipant/gua	rdian may si	gn for all minors on th	nis account.		
Signature:				Date:					



PROGRAM REGISTRATION FORM – Current Account Holders 44345 W Martin Luther King Jr. Blvd., Maricopa, AZ 85138 P: (520) 316-4600 | www.copperskyrecreation.com A Multigenerational Recreation Center (the "Facility") Operated by the City of Maricopa, Arizona (the "City")

Date:								
NAME First	Last (circle)	AGE	DOB	CLASS TITLE	START DATE	DAY(S) OF CLASS		
	M / F							
	M / F							
	M / F							
	M / F							
	M/F							
	M / F							
		Cash 🗆 Ch	eck #	Uisa	rd Discover AM	1EX		
<u>Progra</u>	am Fee:							
<u>Recei</u> j	pt Number:							
**Please note there	is a convenience j	ee for all on	line transactio	ıs. The fee is a percentag	e of your total transac	ction amount.		
		Τħ	nis fee is non-r o	efundable**				
Registration Form A To the extent allowed by all liability which may ari and in the event that the a doing so absolve the City if I have registered for a cabilities and/or medical of demands resulting from the	lay, I hereby absouse as the result of above participant of Maricopa, its elass involving phe condition. I relea	my/our par (s) is a mino employees, a ysical activit se use of my	ticipation in actor, I hereby give gents, independ y, I have taken of our photos tak	tivities I or any member of my permission for his or lent contractors, and office care to enroll at a class leve	of my family attends or her participation as in ers from such liability wel appropriate to my/	registers into; adicated and in . I am aware that our physical		
A signature is required by	y each adult regis	ering on thi	s form. One pa	rticipant/guardian may s	ign for all minors on th	nis account.		
Signature:					Date:			